U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person filing.  4. Name, file number, and a	2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.  4. Name, file number, and a	1 / 1 / 2004 Through: 12 / 31 / 2004	
	4. Name, file number, and address of labor organization.	
Name Anthony Frasco Name Teamsters L	Name Teamsters Local 107	
Labor Organization File N	Number 033 830	
P.O. Box, Bldg., Room No., if any P.O. Box, Building and R	coom Number, if any	
Street 14 Ohio State Dr. Street 2845 Southan	mpton Rd.	
City Delran City Phila,	The state of the s	
State New Jersey ZIP Code + 4 08075 State Pennsylvani	a ZIP Code + 4 19154	
5. Position in labor organization. Vice-President/Business Agent		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other ec monetary value <b>from an employer whose employees your organization represents</b> or is activel	conomic benefit of ly seeking to represent.	
6. Name and address of Employer (including trade name, if any).  7.a. Nature of Interest, Tran	nsaction, or Income.	
representatives of Freight Division	Meal provided at a neeting with Company representatives on 4/28/04 at the Eastern Region Freight Division hearings concerning cases	
Trade Name, if any: involving Roadway		
P.O. Box, Bldg., Room No., if any		
7.b. Amount.  Street Church & Pierce Sts.		
City Phila,	\$60	
	e de mercales	
State Pennsylvania ZIP Code + 4 19124		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable is submitted in this report (including the information contained in any accompanying documents), has been exundersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instru	amined by the signatory and is, to the best of the	
Signed Anthony (Lanco On 8/4/2005	215-552-0070 (work#)	
Date	Telephone Number	